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PTO/SB/05 (12/97)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|  |                           |             |                   |
|--|---------------------------|-------------|-------------------|
| Attorney Docket No.  | 127077-2/YOD<br>GERD:0053 | Total Pages | 68                |
| First Named Inventor or Application Identifier<br><i>Erdogan Cesmeli</i> |                           |             |                   |
| Express Mail Label No.   |                           |             | EL 982 235 296 US |

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101624342  
U.S. PTO  
07/22/03

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

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|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification <b>Total Pages 34</b><br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>-Descriptive</li> <li>-Cross References to Related Application</li> <li>-Statement Regarding Fed sponsored R &amp; D</li> <li>-Reference to Microfiche Appendix</li> <li>-Background of the Invention</li> <li>-Brief Summary of the Invention</li> <li>-Brief Description of the Drawings (if filed)</li> <li>-Detailed Description</li> <li>-Claim(s)</li> <li>-Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <b>Total Sheets 7</b><br/><b>Total Pages 21</b></p> <p>4. Oath or Declaration       <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d))<br/>(for continuation/divisional/with Box 17 completed)<br/><i>[Note Box 5 below]</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)<br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)       <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p> |
|--|--|

## ACCOMPANYING APPLICATION PARTS

- |  |
|--|
| <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br/>(where there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other</p> |
|--|

17.  Continuation  Divisional  Continuation-In-part (CIP) of prior application No: \_\_\_\_\_/\_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

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| COUNTRY | USA                                | TELEPHONE | (281) 970-4545 | Fax      | (281) 970-4503 |

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FTC/5B/17 (10/98)

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## **FEE TRANSMITTAL**

|                                |                             |                               |                          |
|--------------------------------|-----------------------------|-------------------------------|--------------------------|
|                                |                             | <b>Complete if Known</b>      |                          |
| USPTO                          | <b>Application Number</b>   | unassigned                    |                          |
|                                | <b>Filing Date</b>          | herewith                      |                          |
|                                | <b>First Named Inventor</b> | Erdogan Cesmeli               |                          |
|                                | <b>Group Art Unit</b>       | unknown                       |                          |
|                                | <b>Examiner Name</b>        | unknown                       |                          |
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> 2,074.00        | <b>Attorney Docket Number</b> | 127077-2/YOD (GERD:0053) |

| METHOD OF PAYMENT (check one)   |                      |                            |                 | FEE CALCULATION (continued)   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
|---|----------------------|----------------------------|-----------------|---|----------------------|---------------|---|---|----------------------------|----------------------|----------------------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|---------------------------|---|-----|-------|-----|-------|--|---|-----|------|-----|------|--|---|-----|--------|-----|--------|---|---|-----|-----|-----|----|---|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|---|---|-----|-------|-----|-----|--|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|--------------------------|---|-----|-------|-----|-------|---|---|-----|-----|-----|----|--|---|-----|-------|-----|-----|--|---|-----|-------|-----|-----|--------------------------------|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|-----------------|---|-----|-----|-----|-----|-------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|---|---|-----|----|-----|----|--|--------------|-----|-----|-----|-----|---|---|-----|-----|-----|-----|--|---|---------------------------|--|--|--|---|--|---------------------------|--|--|--|---|--|--|--|--|--|---------------------|-------------------|---|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <u>06-1315/127077-2/YOD (GERD:0053)</u></p> <p>Deposit Account Name <u>FLETCHER YODER</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> |                      |                            |                 | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>—</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing or cover sheet.</td><td>—</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td>—</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td>—</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td>—</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td>—</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within first month</td><td>—</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for response within second month</td><td>—</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td><td>Extension for response within third month</td><td>—</td></tr> <tr><td>118</td><td>1,570</td><td>218</td><td>755</td><td>Extension for response within fourth month</td><td>—</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td>—</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td>—</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td>—</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td>—</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td>—</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td><td>Petition to revive unintentionally abandoned application</td><td>—</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td><td>Utility issue fee (or reissue)</td><td>—</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td><td>Design issue fee</td><td>—</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td><td>Plant issue fee</td><td>—</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>—</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td>—</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td>—</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><u>40.00</u></td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td>—</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td>—</td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td>—</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td>—</td> <td></td> </tr> <tr> <td colspan="4"></td> <td><b>SUBTOTAL (3)</b></td> <td><b>(\$ 40.00)</b></td> </tr> <tr> <td colspan="6"><b>* Reduced by Basic Filing Fee Paid</b></td> </tr> </tbody> </table> |                      |               |   |   | Large Entity Fee Code (\$) | Entity Fee Code (\$) | Small Entity Fee Code (\$) | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | — | 127 | 50 | 227 | 25 | Surcharge - late provisional filing or cover sheet. | — | 139 | 130 | 139 | 130 | Non-English specification | — | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | — | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | — | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | — | 115 | 110 | 215 | 55 | Extension for response within first month | — | 116 | 400 | 216 | 200 | Extension for response within second month | — | 117 | 950 | 217 | 475 | Extension for response within third month | — | 118 | 1,570 | 218 | 755 | Extension for response within fourth month | — | 119 | 310 | 219 | 155 | Notice of Appeal | — | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | — | 121 | 270 | 221 | 135 | Request for oral hearing | — | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | — | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | — | 141 | 1,320 | 241 | 660 | Petition to revive unintentionally abandoned application | — | 142 | 1,320 | 242 | 660 | Utility issue fee (or reissue) | — | 143 | 450 | 243 | 225 | Design issue fee | — | 144 | 670 | 244 | 335 | Plant issue fee | — | 122 | 130 | 122 | 130 | Petitions to the Commissioner | — | 123 | 50 | 123 | 50 | Petitions related to provisional applications | — | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | — | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <u>40.00</u> | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | — | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | — | Other fee (specify) _____ |  |  |  | — |  | Other fee (specify) _____ |  |  |  | — |  |  |  |  |  | <b>SUBTOTAL (3)</b> | <b>(\$ 40.00)</b> | <b>* Reduced by Basic Filing Fee Paid</b> |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Entity Fee Code (\$) | Small Entity Fee Code (\$) | Entity Fee (\$) | Fee Description   | Fee Paid             |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 105   | 130                  | 205                        | 65              | Surcharge - late filing fee or oath   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 127   | 50                   | 227                        | 25              | Surcharge - late provisional filing or cover sheet.   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 139   | 130                  | 139                        | 130             | Non-English specification   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 147   | 2,520                | 147                        | 2,520           | For filing a request for reexamination  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 112   | 920*                 | 112                        | 920*            | Requesting publication of SIR prior to Examiner action  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 113   | 1,840*               | 113                        | 1,840*          | Requesting publication of SIR after Examiner action   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 115   | 110                  | 215                        | 55              | Extension for response within first month   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 116   | 400                  | 216                        | 200             | Extension for response within second month  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 117   | 950                  | 217                        | 475             | Extension for response within third month   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 118   | 1,570                | 218                        | 755             | Extension for response within fourth month  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 119   | 310                  | 219                        | 155             | Notice of Appeal  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 120   | 310                  | 220                        | 155             | Filing a brief in support of an appeal  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 121   | 270                  | 221                        | 135             | Request for oral hearing  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 138   | 1,510                | 138                        | 1,510           | Petition to institute a public use proceeding   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 140   | 110                  | 240                        | 55              | Petition to revive unavoidably abandoned application  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 141   | 1,320                | 241                        | 660             | Petition to revive unintentionally abandoned application  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 142   | 1,320                | 242                        | 660             | Utility issue fee (or reissue)  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 143   | 450                  | 243                        | 225             | Design issue fee  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 144   | 670                  | 244                        | 335             | Plant issue fee   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 122   | 130                  | 122                        | 130             | Petitions to the Commissioner   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 123   | 50                   | 123                        | 50              | Petitions related to provisional applications   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 126   | 240                  | 126                        | 240             | Submission of Information Disclosure Stmt   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 581   | 40                   | 581                        | 40              | Recording each patent assignment per property (times number of properties)  | <u>40.00</u>         |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 146   | 790                  | 246                        | 395             | Filing a submission after final rejection (37 CFR 1.129(a))   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 149   | 790                  | 249                        | 395             | For each additional invention to be examined (37 CFR 1.129(b))  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Other fee (specify) _____   |                      |                            |                 | —   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Other fee (specify) _____   |                      |                            |                 | —   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
|   |                      |                            |                 | <b>SUBTOTAL (3)</b>   | <b>(\$ 40.00)</b>    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| <b>* Reduced by Basic Filing Fee Paid</b>   |                      |                            |                 |   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input checked="" type="checkbox"/> Other</p> <p style="text-align: center;"><b>PTO-2038</b></p>   |                      |                            |                 |   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| <b>FEE CALCULATION (fees effective 10/01/96)</b>  |                      |                            |                 |   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| <b>1. FILING FEE</b>  |                      |                            |                 |   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Large Entity  |                      | Small Entity               |                 |   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Fee Code  | Fee (\$)             | Fee Code                   | Fee (\$)        | Fee Description   |                      | Fee Paid      |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1001  | 750                  | 2001                       | 375             | Utility filing fee  | <u>750.00</u>        |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1002  | 330                  | 2002                       | 165             | Design filing fee   | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1003  | 520                  | 2003                       | 260             | Plant filing fee  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1004  | 750                  | 2004                       | 375             | Reissue filing fee  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1005  | 160                  | 2005                       | 80              | Provisional filing fee  | —                    |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
|   |                      |                            |                 | <b>SUBTOTAL (1)</b>   | <b>(\$ 750.00)</b>   |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| <b>2. CLAIMS</b>  |                      |                            |                 |   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
|   |                      |                            |                 | Extra   | Fee from below       | Fee Paid      |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Total Claims  | <u>88</u> - 20 =     | <u>48</u>                  | X               | 18  | =                    | <u>864.00</u> |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Independent Claims  | <u>8</u> - 3 =       | <u>5</u>                   | X               | 84  | =                    | <u>420.00</u> |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Multiple Dependent Claims   |                      |                            |                 | —   | X                    | —             | = | — |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Large Entity  |                      | Small Entity               |                 |   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| Fee Code  | Fee (\$)             | Fee Code                   | Fee (\$)        | Fee Description   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1202  | 18                   | 2202                       | 9               | Claims in excess of 20  |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1201  | 84                   | 2201                       | 42              | Independent claims in excess of 3   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1203  | 280                  | 2203                       | 140             | Multiple dependent claim  |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1204  | 84                   | 2204                       | 42              | Reissue Independent claims over original patent   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
| 1205  | 18                   | 2205                       | 9               | Reissue claims in excess of 20 and over original patent   |                      |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |
|   |                      |                            |                 | <b>SUBTOTAL (2)</b>   | <b>(\$ 1,284.00)</b> |               |   |   |                            |                      |                            |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |   |     |        |     |        |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |   |  |                           |  |  |  |   |  |  |  |  |  |                     |                   |   |  |  |  |  |  |

|                       |   |                          |               |   |
|-----------------------|---|--------------------------|---------------|---|
| SUBMITTED BY          |   | Complete (if applicable) |               |   |
| Typed or Printed Name | Patrick S. Yoder  | Reg. Number              | 37,479        |   |
| Signature             |  | Date                     | July 22, 2003 | Deposit Acct.<br>User ID<br><br>06-1315/127077-2/YOD<br>(GERD:0053) |